

**CHRISTOPHER WAYNE LESTER**

**8 OF 14**



**STYLE OF CASE:** Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

**CASE NO:** C-1-01-428

**PERTAIN TO:** Christopher Wayne Lester

**FROM:** St. Francis Hospital  
(Patient Accounts)  
333 Laidley Street  
Charleston, WV 25301-1614  
(304) 347-6500

**DELIVER TO:** Mr. Phillip J. Smith  
VORYS, SATER, SEYMOUR & PEASE, LLP  
Atrium Two, Suite 2100  
221 East Fourth Street  
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688070-0001  
THROUGH 500688070-0020.

THE MARKER-HOFF GROUP, INC

13105 NORTHWEST FREEWAY SUITE 300 HOUSTON TEXAS 77040 (T) 713 460 9070 (F) 713 460 6519 800 264 9070

WWW.MARKER-HOFF.COM

FMT = 11

ADMIT THRU DISCHARGE CLAIM 03-10-2002

PAYOR APPROVED OMB NO. 0938-02532

CHARLESTON HOSPITAL INC DBA SAINT FRANCIS HOSP PO BOX 402907 ATLANTA, GA 30384-2907		PATIENT CONTROL NO. 2532414407 131	
5 FED. TAX NO. 611272692	6 STATEMENT COVERS PERIOD FROM 030702 THROUGH 030702	7 COV D.	8 C-CO
12 PATIENT NAME LESTER CHRISTOPHER W		13 PATIENT ADDRESS P O BOX 1113 DANVILLE WV 25053	
14 BIRTHDATE 1971 M M	15 SEX M	16 AGE 030702	17 DATE 09 1 7
18 MEDICAL RECORD NO. 000000261190	19 CONDITON CODES 09	20	21
22 OCCURRENCE DATE 11 030702	23 OCCURRENCE DATE	24 OCCURRENCE DATE	25 OCCURRENCE DATE
26 LESTER CHRISTOPHER W P O BOX 1113 DANVILLE WV 25053		27 VALUE CODES A3 61234	28 VALUE CODES
29 REV. CO.	30 DESCRIPTION	31 HOPS / RATES	32 SERV. DATE
250	PHARMACY		030702
272	STERILE SUPPLY		030702
301	LAB/CHEMISTRY	80053	030702
305	LAB/HEMATOLOGY	85025	030702
306	LAB/BACT-MICRO	87086	030702
307	LAB/UROLOGY	81001	030702
450	EMERG ROOM	99283	030702
001	TOTAL CHARGES		61234
33 PAYOR ACORDIA/PEIA	34 PROVIDER NO. 611272692	35 Y/N Y Y	36 EST. AMOUNT DUE 61234
37 DUE FROM PATIENT			
38 ASSURED'S NAME LESTER APRIL C	39 SSN - SSN - MC - ID NO. 02 9969	40 GROUP NAME ACORDIA/PEIA	41 INSURANCE GROUP NO 7770
42 TREATMENT AUTHORIZATION CODES	43 EMPLOYER NAME BOONE COUNTY COMMISSION	44 EMPLOYER LOCATION MADISON WV 25130	
45 PRIN. DIAG. CD 601.0	46 CODE 788.20	47 CODE 724.2	48 CODE 493.90
49 PC 9	50 PRINCIPAL PROCEDURE DATE	51 OTHER PROCEDURE DATE	52 OTHER PROCEDURE DATE
53 REMARKS ACORDIA/PEIA PO BOX 2451 CHARLESTON WV 25329-2451		54 ATTENDING PHYS. ID WV01102 F08033 DILLARD MORR	
55 PROVIDER REPRESENTATIVE X		56 DATE	

UB92 HCFA-1450

OCR/ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

500688.070.0001

PATIENT NO:	2532414407	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	1	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	03/10/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			03/07/02	03/07/02		

BILL TO:		EMERGENCY	FC=11
LESTER CHRISTOPHER W		ADMIT THRU DISCHARGE CLAIM	
P O BOX 1113			
DANVILLE WV			
25053			

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
250-PHARMACY						
030702	08B402	0712	505312	74379601	1 KETOROLAC 60MG INJ	21.59
					SUBTOTAL:	21.59
272-STERILE SUPPLY						
030702	08B368	0718	900782		1 LEG BAG	51.50
030702	08B368	0718	906469		1 TRAY FOLEY 16FR BSD	63.25
					SUBTOTAL:	114.75
301-LAB/CHEMISTRY						
030702	07B307	0736	257416	80053	1 COMP METABOLIC PANEL	103.00
					SUBTOTAL:	103.00
305-LAB/HEMATOLOGY						
030702	07B307	0736	255136	85025	1 CBC PLATELET AUTO DIFF	45.00
					SUBTOTAL:	45.00
306-LAB/BACT-MICRO						
030702	07B307	0736	257018	87086	1 CULT COLONY COUNT UR	68.00
					SUBTOTAL:	68.00
307-LAB/UROLOGY						
030702	07B307	0736	255550	81001	1 UA W MICRO AUTO	35.00
					SUBTOTAL:	35.00
450-EMERG ROOM						
030702	07B310	0780	170015	99283	1 EMER DEPT LEVEL 3	225.00
					SUBTOTAL:	225.00
TOTAL ANCILLARY CHARGES						612.34

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

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500688.070.0002

PATIENT NO:	2532414407	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	3	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	03/10/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			03/07/02	03/07/02		

DEPT	DEPARTMENTAL CHARGE SUMMARY DESCRIPTION	AMOUNT
0712	PHARMACY	21.59
0718	MEDICAL SERVICES	114.75
0736	LABORATORY	251.00
0780	EMERGENCY SERVICES	225.00

TOTAL CHARGES:	612.34
TOTAL PAYMENTS:	.00
TOTAL ADJUST:	.00C

500688.070.0003

PATIENT NO:	2532414407	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	1	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	03/10/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			03/07/02	03/07/02		

## BILL TO:

LESTER CHRISTOPHER W  
P O BOX 1113  
DANVILLE WV  
25053

EMERGENCY  
ADMIT THRU DISCHARGE CLAIM

FC=11

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
250-PHARMACY							
030702	08B402	0712	505312	74379601	1	KETOROLAC 60MG INJ	21.59
						SUBTOTAL:	21.59
272-STERILE SUPPLY							
030702	08B368	0718	900782		1	LEG BAG	51.50
030702	08B368	0718	906469		1	TRAY FOLEY 16FR BSD	63.25
						SUBTOTAL:	114.75
301-LAB/CHEMISTRY							
030702	07B307	0736	257416	80053	1	COMP METABOLIC PANEL	103.00
						SUBTOTAL:	103.00
305-LAB/HEMATOLOGY							
030702	07B307	0736	255136	85025	1	CBC PLATELET AUTO DIFF	45.00
						SUBTOTAL:	45.00
306-LAB/BACT-MICRO							
030702	07B307	0736	257018	87086	1	CULT COLONY COUNT UR	68.00
						SUBTOTAL:	68.00
307-LAB/UROLOGY							
030702	07B307	0736	255550	81001	1	UA W MICRO AUTO	35.00
						SUBTOTAL:	35.00
450-EMERG ROOM							
030702	07B310	0780	170015	99283	1	EMER DEPT LEVEL 3	225.00
						SUBTOTAL:	225.00
TOTAL ANCILLARY CHARGES							612.34

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

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500688.070.0004

FMT = 04

ADMIT THRU DISCHARGE CLAIM 09-11-2002

PAYOR APPROVED CLAIM NO. 02532

CHARLESTON HOSPITAL INC DBA SAINT FRANCIS HOSP PO BOX 402907 ATLANTA, GA 30384-2907		3 PATIENT CONTROL NO 2532760280 111	
5 FED. TAX NO. 611272692	8 STATEMENT COVERS PERIOD FROM 080102 THROUGH 080902	7 COV D. 8	9 C-I-D. 10 L-R-D. 11
12 PATIENT NAME LESTER CHRISTOPHER W		13 PATIENT ADDRESS P O BOX 1113 DANVILLE WV 25053	
14 BIRTHDATE 1971 M M	15 SEX M	16 MRS M	17 DATE 080102
18 TYPE 18	19 TYPE 2	20 TYPE 7	21 DHR 15
22 STAT 06	23 MEDICAL RECORD NO. 000000261190	24	25
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PATIENT NO:	2532760280	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	1	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	09/11/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			08/01/02	08/09/02		

## BILL TO:

LESTER CHRISTOPHER W  
P O BOX 1113  
DANVILLE WV  
25053

INPATIENT  
ADMIT THRU DISCHARGE CLAIM

FC=04

DATE OF SERVICE	ATT PHYS	FC	ROOM	AC	SERV CODE	REV CODE	DEPT	ROOM AND CARE	CHARGES
08/01/02	5010	04	4461	SP	TELE	121	0605	8 DAYS AT 157.50	1,260.00

TOTAL ROOM AND CARE 1,260.00

DATE OF SERVICE	BATCH REF	F DEPT	S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
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## 250-PHARMACY

080302	03B148	0712		501311	517560125	1	HYDROXYZINE 50MG/1ML I	16.14
080302	03B148	0712		502154	8060202	1	MEPERIDINE 50MG SYRING	16.58
080802	08B545	0712		505261	4197401	1	MIDAZOLAM 5MG/1ML 1ML	40.07
080902	09B680	0712		504481	338004931	1	NS 0.9% 50ML BAG	24.09
							SUBTOTAL:	96.88

## 255-DRUGS INCIDENT RADIOLOGY

080302	03B121	0734		440290	A4647	1	PARAMAGNETIC CM	220.00
							SUBTOTAL:	220.00

## 259-DRGS/OTHER

080102	01B983	0712		504039	51079042720	1	TRAZODONE 50MG	1.61
080102	01B983	0712		506056	8078102	4	VENLAFAXINE 37.5MG	14.62
080102	01B983	0712		507222	59011010325	2	OXYCODONE 20MG	12.86
080202	02B043	0712		500921	51079064420	2	CYCLOBENZAPRINE 10MG	3.22
080202	02B011	0712		502309	182044810	1	ASPIRIN 325MG TAB	1.61
080202	02B013	0712		502309	182044810	1	ASPIRIN 325MG TAB	1.61
080202	02B013	0712		504039	51079042720	1	TRAZODONE 50MG	1.61
080202	02B013	0712		507222	59011010325	2	OXYCODONE 20MG	12.86
080202	02B042	0712		507222	59011010325	1	OXYCODONE 20MG	6.43
080202	02B065	0712		507222	59011010325	2	OXYCODONE 20MG	12.86
080202	02B011	0712		507592	8083603	1	VENLAFAXINE XR 150MG	8.40
080202	02B013	0712		507592	8083603	2	VENLAFAXINE XR 150MG	16.80
080302	03B105	0712		500921	51079064420	2	CYCLOBENZAPRINE 10MG	3.22

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

□

500688.070.0007

PATIENT NO:	2532760280	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	2	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	09/11/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			08/01/02	08/09/02		

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
080302	03B105	0712	502309	182044810	1 ASPIRIN 325MG TAB	1.61
080302	03B105	0712	504039	51079042720	1 TRAZODONE 50MG	1.61
080302	03B095	0712	507222	59011010325	2 OXYCODONE 20MG	12.86
080302	03B119	0712	507222	59011010325	1 OXYCODONE 20MG	6.43
080302	03B119	0712	507222	59011010325	1 OXYCODONE 20MG	6.43
080302	03B133	0712	507222	59011010325	2 OXYCODONE 20MG	12.86
080302	03B105	0712	507592	8083603	2 VENLAFAXINE XR 150MG	16.80
080402	04B168	0712	500921	51079064420	2 CYCLOBENZAPRINE 10MG	3.22
080402	04B168	0712	502309	182044810	1 ASPIRIN 325MG TAB	1.61
080402	04B168	0712	504039	51079042720	1 TRAZODONE 50MG	1.61
080402	04B158	0712	507222	59011010325	2 OXYCODONE 20MG	12.86
080402	04B169	0712	507222	59011010325	2 OXYCODONE 20MG	12.86
080402	04B191	0712	507222	59011010325	2 OXYCODONE 20MG	12.86
080402	04B168	0712	507592	8083603	2 VENLAFAXINE XR 150MG	16.80
080502	05B268	0712	500921	51079064420	2 CYCLOBENZAPRINE 10MG	3.22-
080502	05B231	0712	500921	51079064420	2 CYCLOBENZAPRINE 10MG	3.22
080502	05B231	0712	502309	182044810	1 ASPIRIN 325MG TAB	1.61
080502	05B231	0712	504039	51079042720	1 TRAZODONE 50MG	1.61
080502	05B220	0712	507222	59011010325	2 OXYCODONE 20MG	12.86
080502	05B261	0712	507222	59011010325	2 OXYCODONE 20MG	12.86
080502	05B285	0712	507222	59011010325	2 OXYCODONE 20MG	12.86
080502	05B231	0712	507592	8083603	2 VENLAFAXINE XR 150MG	16.80
080602	06B370	0712	500921	51079064420	2 CYCLOBENZAPRINE 10MG	3.22-
080602	06B332	0712	500921	51079064420	2 CYCLOBENZAPRINE 10MG	3.22
080602	06B332	0712	502309	182044810	1 ASPIRIN 325MG TAB	1.61
080602	06B332	0712	504039	51079042720	1 TRAZODONE 50MG	1.61
080602	06B322	0712	507222	59011010325	2 OXYCODONE 20MG	12.86
080602	06B365	0712	507222	59011010325	2 OXYCODONE 20MG	12.86
080602	06B366	0712	507222	59011010325	2 OXYCODONE 20MG	12.86
080602	06B405	0712	507222	59011010325	1 OXYCODONE 20MG	6.43
080602	06B405	0712	507222	59011010325	1 OXYCODONE 20MG	6.43
080602	06B332	0712	507592	8083603	2 VENLAFAXINE XR 150MG	16.80
080602	06B366	0712	507607	45063965	2 TOPIRAMATE 25MG TAB	8.65
080702	07B487	0712	500921	51079064420	2 CYCLOBENZAPRINE 10MG	3.22-
080702	07B437	0712	500921	51079064420	2 CYCLOBENZAPRINE 10MG	3.22
080702	07B437	0712	502309	182044810	1 ASPIRIN 325MG TAB	1.61
080702	07B437	0712	504039	51079042720	1 TRAZODONE 50MG	1.61
080702	07B436	0712	507222	59011010325	2 OXYCODONE 20MG	12.86
080702	07B519	0712	507222	59011010325	2 OXYCODONE 20MG	12.86

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

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500688.070.0008

PATIENT NO:	2532760280	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	3	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	09/11/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			08/01/02	08/09/02		

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
080702	07B437	0712	507592	8083603	2	VENLAFAXINE XR 150MG	16.80
080702	07B437	0712	507607	45063965	2	TOPIRAMATE 25MG TAB	8.65
080802	08B544	0712	500921	51079064420	2	CYCLOBENZAPRINE 10MG	3.22
080802	08B544	0712	502309	182044810	1	ASPIRIN 325MG TAB	1.61
080802	08B544	0712	504039	51079042720	1	TRAZODONE 50MG	1.61
080802	08B539	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080802	08B600	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080802	08B617	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080802	08B620	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080802	08B617	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080802	08B544	0712	507592	8083603	2	VENLAFAXINE XR 150MG	16.80
080802	08B544	0712	507607	45063965	2	TOPIRAMATE 25MG TAB	8.65
080902	09B705	0712	500921	51079064420	2	CYCLOBENZAPRINE 10MG	3.22
080902	09B643	0712	500921	51079064420	2	CYCLOBENZAPRINE 10MG	3.22
080902	09B705	0712	502309	182044810	1	ASPIRIN 325MG TAB	1.61
080902	09B643	0712	502309	182044810	1	ASPIRIN 325MG TAB	1.61
080902	09B705	0712	504039	51079042720	1	TRAZODONE 50MG	1.61
080902	09B643	0712	504039	51079042720	1	TRAZODONE 50MG	1.61
080902	09B701	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080902	09B705	0712	507592	8083603	2	VENLAFAXINE XR 150MG	16.80
080902	09B643	0712	507592	8083603	2	VENLAFAXINE XR 150MG	16.80
080902	09B705	0712	507607	45063965	2	TOPIRAMATE 25MG TAB	8.65
080902	09B643	0712	507607	45063965	2	TOPIRAMATE 25MG TAB	8.65
SUBTOTAL:							494.56
270-MED-SURG SUPPLIES							
080102	01B974	0780	170003		1	TRANSPORT O2	8.00
080102	01B982	0754	604026		3	NASAL O2	24.00
080102	02B010	0718	904346		1	BANDAGE ACE 3"	11.50
080102	02B010	0718	904346		1	BANDAGE ACE 3"	11.50
080202	02B081	0754	604026		24	NASAL O2	192.00
080302	03B143	0754	604026		24	NASAL O2	192.00
080402	05B219	0754	604026		24	NASAL O2	192.00
080502	05B295	0754	604026		24	NASAL O2	192.00
080602	07B426	0754	604026		24	NASAL O2	192.00
080902	09B700	0754	604026		14	NASAL O2	112.00
SUBTOTAL:							1127.00
272-STERILE SUPPLY							
080102	02B010	0718	907358		1	SOL 0.9 NS 1000 2B1234	10.00
080102	02B010	0718	907404		1	SET IV FLOW MASTER	7.25

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

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500688.070.0009

PATIENT NO:	2532760280	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	4	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	09/11/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			08/01/02	08/09/02		

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
080102	02B010	0718		907406	1	SET SOLUTION 2C6537	55.50
080202	03B098	0718		907352	1	SOL NS.45 1000 2B1314	11.50
080202	02B039	0718		907368	1	SOL ST H2O 1000PB 2F71	27.25
080302	03B117	0718		904145	1	CATH JELCO 20GA 4077	20.00
080302	03B117	0718		907352	1	SOL NS.45 1000 2B1314	11.50
080302	03B117	0718		907413	1	IV LOOP CONNECTOR	4.25
080402	04B165	0718		907352	1	SOL NS.45 1000 2B1314	11.50
080402	05B227	0718		907352	1	SOL NS.45 1000 2B1314	11.50
080502	06B325	0718		907352	1	SOL NS.45 1000 2B1314	11.50
080702	07B479	0718		903845	2	CATH MALE TEXAS	60.50
080702	08B537	0718		903845	1	CATH MALE TEXAS	30.25
080702	08B537	0718		906435	1	BAG BEDSIDE DRAINAGE	27.25
080702	07B516	0718		906633	1	TUBING CONDUCTIVE 10'	8.75
080702	07B516	0718		906645	1	TUBE YANKAUER REG	11.50
080702	07B516	0718		907348	1	SOL LR 500 2B2323Q	11.50
080702	07B516	0718		907406	1	SET SOLUTION 2C6537	55.50
080902	09B678	0718		904145	2	CATH JELCO 20GA 4077	40.00
080902	09B678	0718		907413	1	IV LOOP CONNECTOR	4.25
						SUBTOTAL:	431.25
301-LAB/CHEMISTRY							
080102	01B961	0736		255318	83735	1 MAGNESIUM BLD	49.00
080102	01B961	0736		255990	80100	1 DRUG SCR DRUGS OF ABUS	60.00
080102	01B961	0736		255994	82803	1 BLOOD GAS OTHER	107.00
080102	01B961	0736		256151	82553	1 CK MB	67.00
080102	01B981	0736		256151	82553	1 CK MB	67.00
080102	01B961	0736		257062	84484	1 TROPONIN QUANT	81.00
080102	01B961	0736		257063	83874	1 MYOGLOBIN BLD	81.00
080102	01B961	0736		257407	82375	1 CARBON MONOXIDE QN	37.00
080102	01B961	0736		257416	80053	1 COMP METABOLIC PANEL	103.00
080202	02B004	0736		255318	83735	1 MAGNESIUM BLD	49.00
080202	02B004	0736		255802	80061	1 LIPID PANEL	112.00
080202	02B004	0736		256151	82553	1 CK MB	67.00
080202	02B038	0736		256151	82553	1 CK MB	67.00
080202	02B004	0736		257045	84443	1 TSH	78.00
080202	02B004	0736		257046	84480	1 T3 TOTAL	65.00
080202	02B004	0736		257047	82607	1 VITAMIN B12	72.00
080202	02B004	0736		257048	82746	1 FOLATE (FOLIC ACID)	68.00
080202	02B004	0736		257062	84484	1 TROPONIN QUANT	81.00
080202	02B004	0736		257416	80053	1 COMP METABOLIC PANEL	103.00

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

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500688.070.0010

PATIENT NO:	2532760280	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	5	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	09/11/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			08/01/02	08/09/02		

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
080602	06B329	0736	255318	83735	1 MAGNESIUM BLD	49.00
080602	06B329	0736	255802	80061	1 LIPID PANEL	112.00
080602	06B329	0736	257416	80053	1 COMP METABOLIC PANEL	103.00
080802	08B570	0736	256151	82553	1 CK MB	67.00
080802	08B597	0736	257416	80053	1 COMP METABOLIC PANEL	103.00
					SUBTOTAL:	1848.00
305-LAB/HEMATOLOGY						
080102	01B961	0736	255136	85025	1 CBC PLATELET AUTO DIFF	45.00
080202	02B004	0736	255136	85025	1 CBC PLATELET AUTO DIFF	45.00
080202	02B004	0736	255430	85652	1 SED RATE AUTO	36.00
080602	06B329	0736	255136	85025	1 CBC PLATELET AUTO DIFF	45.00
080602	06B329	0736	255430	85652	1 SED RATE AUTO	36.00
					SUBTOTAL:	207.00
307-LAB/UROLOGY						
080102	01B961	0736	255550	81001	1 UA W MICRO AUTO	35.00
					SUBTOTAL:	35.00
320-DX XRAY						
080202	02B066	0728	407217	72100	1 XR L-SPINE 2/3 VIEWS	153.00
					SUBTOTAL:	153.00
324-DX X-RAY/CHEST						
080102	01B965	0728	407102	71020	1 XR CHEST 2 V	186.00
					SUBTOTAL:	186.00
341-NUC MED/DX						
080902	09B682	0763	457978	78480	1 NM EJECT FRACTION	278.00
080902	09B682	0763	457985	78465	1 NM MYOCARD MULT R/S	1096.00
					SUBTOTAL:	1374.00
351-CT SCAN/HEAD						
080102	01B965	0726	421012	70450	1 CT HEAD/BRAIN W/O CONT	888.00
					SUBTOTAL:	888.00
402-ULTRA SOUND						
080702	07B513	0729	410014	76770	1 US RETRPERITONEAL COM	303.00
					SUBTOTAL:	303.00
420-PHYSICAL THERP						
080502	05B283	0762	708416	97116GP	1 GAIT TRAINING 15 MIN	37.00
080602	06B385	0762	708416	97116GP	1 GAIT TRAINING 15 MIN	37.00
080702	07B499	0762	708416	97116GP	1 GAIT TRAINING 15 MIN	37.00
080802	08B598	0762	708416	97116GP	1 GAIT TRAINING 15 MIN	37.00
					SUBTOTAL:	148.00

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

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500688.070.0011

PATIENT NO:	2532760280	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	6	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	09/11/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			08/01/02	08/09/02		

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
424-PHYS THERP/EVAL							
080502	05B283	0762	708662	97001GP	1	PT EVALUATION	68.00
SUBTOTAL:							68.00
450-EMERG ROOM							
080102	01B974	0780	170020	99284	1	EMER DEPT LEVEL 4	250.00
SUBTOTAL:							250.00
480-CARDIOLOGY							
080502	05B260	0740	655250	93325	1	ECHO COLOR FLOW MAPPIN	256.00
080502	05B260	0740	655300	93307	1	ECHO 2D W/WOM MODE COM	424.00
080502	05B260	0740	655310	93320	1	ECHO DOPPLER COMP	343.00
080702	07B516	0733	206115	93318	1	ECHOCARDIOGRAPHY TEE	1022.00
SUBTOTAL:							2045.00
482-STRESS TEST							
080902	09B679	0740	654142	93017	1	STRESS TEST	670.00
SUBTOTAL:							670.00
611-MRI-BRAIN							
080302	03B121	0734	440030	70553	1	MRI BRAIN W/O CONT	1725.00
SUBTOTAL:							1725.00
612-MRI-SPINE							
080302	03B121	0734	440130	72148	1	MRI L-SPINE W/O CONT	1386.00
SUBTOTAL:							1386.00
636-DRUGS REQUIR DETL CODING							
080902	09B682	0763	457606	A9505	4	CHLORIDE	136.00
080902	09B682	0763	457626	A9500	1	SESTAMIBI	244.00
080902	09B680	0712	505468	J1245	6	DIPYRIDAMOLE 10MG/2ML	156.24
SUBTOTAL:							536.24
730-EKG/ECG							
080102	01B962	0740	655000	93005	1	EKG TRACING ONLY	150.00
080202	02B001	0740	655000	93005	1	EKG TRACING ONLY	150.00
080202	02B001	0740	655000	93005	1	EKG TRACING ONLY	150.00
080302	03B094	0740	655000	93005	1	EKG TRACING ONLY	150.00
080402	04B157	0740	655000	93005	1	EKG TRACING ONLY	150.00
080802	08B574	0740	655000	93005	1	EKG TRACING ONLY	150.00
SUBTOTAL:							900.00
732-TELEMETRY							
080202	02B010	0605	040000	93012	1	TELEMETRY - 4W	156.60
080402	04B166	0605	040000	93012	1	TELEMETRY - 4W	156.60
080902	09B679	0605	040000	93012	1	TELEMETRY - 4W	156.60
SUBTOTAL:							469.80

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

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500688.070.0012

PATIENT NO:	2532760280	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	7	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	09/11/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			08/01/02	08/09/02		

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
<b>740-EEG</b>							
080502	05B260	0748	356132	95816	1	EEG REC AW _ASLEEP	300.00
SUBTOTAL:							300.00
<b>921-PERIPHERAL VASCULAR LAB</b>							
080202	02B066	0731	390006	93880	1	DUP EXTRACRANIAL BIL	513.00
080202	02B083	0731	390015	93970	1	DUP VEIN BIL	418.00
SUBTOTAL:							931.00
<b>985-PRO FEE/EKG</b>							
080102	01B962	0740	655001	* 93010	1	EKG INTERP _REPORT	20.00
080202	02B001	0740	655001	* 93010	1	EKG INTERP _REPORT	20.00
080202	02B001	0740	655001	* 93010	1	EKG INTERP _REPORT	20.00
080302	03B094	0740	655001	* 93010	1	EKG INTERP _REPORT	20.00
080402	04B157	0740	655001	* 93010	1	EKG INTERP _REPORT	20.00
080802	08B574	0740	655001	* 93010	1	EKG INTERP _REPORT	20.00
SUBTOTAL:							120.00
TOTAL ANCILLARY CHARGES							16912.73
TOTAL CHARGES							18172.73
PAYMENTS							.00
ADJUSTMENTS							.00
BALANCE							18172.73

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

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500688.070.0013

PATIENT NO:	2532760280	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	8	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	09/11/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			08/01/02	08/09/02		

DEPT	DEPARTMENTAL CHARGE SUMMARY DESCRIPTION	AMOUNT
0605	NURSING UNT-TELEMETRY	1,729.80
0712	PHARMACY	747.68
0718	MEDICAL SERVICES	454.25
0726	CAT SCAN UNIT	888.00
0728	RADIOLOGY - DIAGNOSTIC	339.00
0729	ULTRASONIC UNIT	303.00
0731	ANCILLARY -HOSP DEFINED	931.00
0733	ENDOSCOPY LABORATORY	1,022.00
0734	MRI UNIT	3,331.00
0736	LABORATORY	2,090.00
0740	CARDIOPULMONARY UNIT	2,713.00
0748	ELECTROENCEPHALOGRAPHY	300.00
0754	RESPIRATORY THERAPY UNIT	1,096.00
0762	PHYSICAL THERAPY	216.00
0763	NUCLEAR MEDICINE	1,754.00
0780	EMERGENCY SERVICES	258.00

TOTAL CHARGES:	18,172.73
TOTAL PAYMENTS:	.00
TOTAL ADJUST:	.00□

500688.070.0014



FMT = 11

ADMIT THRU DISCHARGE CLAIM 08-17-2002

PAYOR APPROVED CLAIM NO. 02532

CHARLESTON HOSPITAL INC DBA SAINT FRANCIS HOSP PO BOX 402907 ATLANTA, GA 30384-2907		2 PATIENT CONTROL NO 2532773401 131	
5 FED TAX NO 611272692	6 STATEMENT COVERS PERIOD FROM 081502 THROUGH 081502	7 COND	8 HCD
12 PATIENT NAME LESTER CHRISTOPHER W		13 PATIENT ADDRESS P O BOX 1113 DANVILLE WV 25053	
14 BIRTHDATE 1971	15 SEX M	16 MMS M	17 DATE 081502
18 TIME 19	19 TYPE 3	20 SDC 1	21 DMR 19
22 STAT 01	23 MEDICAL RECORD NO 000000261190	24	25
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814	815	816	817
818	819	820	821
822	823	824	825
826	827	828	829
830	831	832	833
834	835	836	837
838	839	840	841
842	843	844	845
846	847	848	849
850	851	852	853
854	855	856	857
858	859	860	861
862	863	864	865
866	867	868	869
870	871	872	873
874	875	876	877
878	879	880	881
882	883	884	885
886	887	888	889
890	891	892	893
894	895	896	897
898	899	900	901
902	903	904	905
906	907	908	909
910	911	912	913
914	915	916	917
918	919	920	921
922	923	924	925
926	927	928	929
930	931	932	933
934	935	936	937
938	939	940	941
942	943	944	945
946	947	948	949
950	951	952	953
954	955	956	957
958	959	960	961
962	963	964	965
966	967	968	969
970	971	972	973
974	975	976	977
978	979	980	981
982	983	984	985
986	987	988	989
990	991	992	993
994	995	996	997
998	999	1000	1001

UB92 HCFA-1450

OCR/ORIGINAL

CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

500688.070.0015

PATIENT NO:	2532773401	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	1	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	08/17/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			08/15/02	08/15/02		

BILL TO:			
LESTER CHRISTOPHER W	OUTPATIENT	FC=11	
P O BOX 1113	ADMIT THRU DISCHARGE CLAIM		
DANVILLE WV			
25053			

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
	740-EEG						
081502	16B247	0771	641000	95810	1	POLYSOMNOGRAPHY >4 PAR	1886.00
						SUBTOTAL:	1886.00
						TOTAL ANCILLARY CHARGES	1886.00
						TOTAL CHARGES	1886.00
						PAYMENTS	.00
						ADJUSTMENTS	.00
						BALANCE	1886.00

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP  
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500688.070.0016

PATIENT NO:	2532773401	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	2	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	08/17/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			08/15/02	08/15/02		

DEPARTMENTAL CHARGE SUMMARY		
DEPT	DESCRIPTION	AMOUNT
0771	LABORATRY - OUTPATIENT	1,886.00

TOTAL CHARGES:	1,886.00
TOTAL PAYMENTS:	.00
TOTAL ADJUST:	.00

500688.070.0017

FMT = 11

REPLACEMENT OF PRIOR CLAIM 11-21-2002

PAYORS AB

APPROVED OMB NO. 0539-0072

CHARLESTON HOSPITAL INC DBA SAINT FRANCIS HOSP PO BOX 402907 ATLANTA, GA 30384-2907										1 PATIENT CONTROL NO 2532912637 137									
5 FED. TAX NO. 611272692					6 STATEMENT COVERS PERIOD FROM 100502					7 COV D. 100502					8 NCD. 9 C4D. 10 LRD. 11				
12 PATIENT NAME LESTER CHRISTOPHER W										13 PATIENT ADDRESS P O BOX 1113 DANVILLE WV 25053									
14 BIRTHDATE 971		15 SEX M		16 MMS M		17 DATE 100502		18 TYPE 19 3 1		20 STAT 19 01		21 MEDICAL RECORD NO. 000000261190		22 CONVENTION CODES 09		23			
24 OCCURRENCE DATE 11 100502		25 OCCURRENCE DATE 18 090102		26 OCCURRENCE DATE B1 122371		27 OCCURRENCE DATE		28 OCCURRENCE DATE		29 OCCURRENCE DATE		30 OCCURRENCE DATE		31		32			
12 PATIENT NAME LESTER CHRISTOPHER W P O BOX 1113 DANVILLE WV. 25053										33 VALUE CODES A3 184149		34 VALUE CODES B3 16951		35		36		37	
42 REV. CD. 740		43 DESCRIPTION EEG				44 HCPCS / RATES 95811		45 SERV. DATE 100502		46 SERV. UNITS 1		47 TOTAL CHARGES 201100		48 NON-COVERED CHARGES					
001		TOTAL CHARGES										201100							
50 PAYOR ACORDIA/PEIA MEDICARE SECONDARY PAYOR										51 PROVIDER NO. 611272692 510031		52 PRIOR PAYMENTS Y Y 184149		53 EST. AMOUNT DUE 16951		54			
57 DUE FROM PATIENT																			
58 INSURED'S NAME LESTER APRIL C LESTER CHRISTOPHER W				59 P. REL. 02 01				60 CERT. - SSN - MC - ID NO. 9969 3340A				61 GROUP NAME ACORDIA/PEIA UNITED GOVERNMENT				62 INSURANCE GROUP NO 7770 9999			
63 TREATMENT AUTHORIZATION CODES				64 EMPLOYER NAME BOONE COUNTY COMMISSION DISABLED				65 EMPLOYER LOCATION MADISON WV 25130											
67 PMS DIAG. CD. 478.29		68 CODE 780.57		69 OTHER		70 CODE		71 OTHER		72 CODE		73 OTHER		74 CODE		75 OTHER			
76 P.C. 9		77 PRINCIPAL PROCEDURE DATE		78 OTHER PROCEDURE DATE		79 OTHER PROCEDURE DATE		80 OTHER PROCEDURE DATE		81 OTHER PROCEDURE DATE		82 ATTENDING PHYS. ID WV18695		83 OTHER PHYS. ID J53470 REAHL HARRY		84 OTHER PHYS. ID			
84 REMARKS										85 PROVIDER REPRESENTATIVE X		86 DATE							

UB-02 HCFA-1450

OCR/ORIGINAL

COPY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

500688.070.0018

PATIENT NO:	2532912637	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	1	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	11/21/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			10/05/02	10/05/02		

BILL TO:			
LESTER CHRISTOPHER W	OUTPATIENT	FC=11	
P O BOX 1113	REPLACEMENT OF PRIOR CLAIM		
DANVILLE WV			
25053			

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
	740-EEG						
100502	06B706	0771	641070	95811	1	POLY >4 PAR W/CPAP OR	2011.00
						SUBTOTAL:	2011.00
						TOTAL ANCILLARY CHARGES	2011.00

DATE OF PAYMENT	BATCH REFER	PAY TYPE	PROC	INS PLAN	BILL THRU DT	DESCRIPTION / COMMENT	AMOUNT
11/11/02	11M203	1	011249	099-03	10/05/02	PEIA 102502 JKL	678.03
11/11/02	11M222	5	012786	099-03	10/05/02	ACCORDIA.PEIA OP	1,163.46
						TOTAL PAYMENTS	1,841.49
						TOTAL CHARGES	2011.00
						PAYMENTS	678.03
						ADJUSTMENTS	1163.46
						BALANCE	169.51

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP  
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500688.070.0019

PATIENT NO:	2532912637	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	2	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	11/21/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			10/05/02	10/05/02		

DEPARTMENTAL CHARGE SUMMARY		
DEPT	DESCRIPTION	AMOUNT
0771	LABORATRY - OUTPATIENT	2,011.00

TOTAL CHARGES:	2,011.00
TOTAL PAYMENTS:	678.03
TOTAL ADJUST:	1,163.46

500688.070.0020



**STYLE OF CASE:** Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

**CASE NO:** C-1-01-428

**PERTAIN TO:** Christopher Wayne Lester

**FROM:** Kelly Medical Corporation  
1 Pavilion Drive  
Daniels, WV 25832  
(304) 763-4253

**DELIVER TO:** Mr. Phillip J. Smith  
VORYS, SATER, SEYMOUR & PEASE, LLP  
Atrium Two, Suite 2100  
221 East Fourth Street  
Cincinnati, OH 45202

**USA-2003-0008677**

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688126-0019  
THROUGH 500688126-0020.

THE MARKER-HOFF GROUP, INC

13105 NORTHWEST FREEWAY SUITE 300 HOUSTON TEXAS 77040 (T) 713 460 9070 (F) 713 460 6519 800 264 9070

WWW.MARKER-HOFF.COM

Case No. C-1-01-428

Michael W. Harris

: Southern District Court

vs.

: County of Hamilton

Purdue Pharma L.P., et al

: State of Ohio

Records pertaining to: Christopher Lester

Custodian of Records For: Kelly Medical Corporation

I have conducted a thorough search of our files for the requested records, including but not limited to: patient intake forms and health questionnaires, and/or consent forms, and/or physical examination records, and/or x-rays, and/or pathology slides and/or blocks, and/or all nurses notes and physicians notes, and/or treatment records and reports, and/or prescription records, and/or third-party consultation records, and/or records of treatment at hospitals and other health care providers, and/or test results from outside laboratories, and/or itemized billing records, and/or insurance claims forms, and or personnel records and/or payroll records, and/or academic records, and/or correspondence.

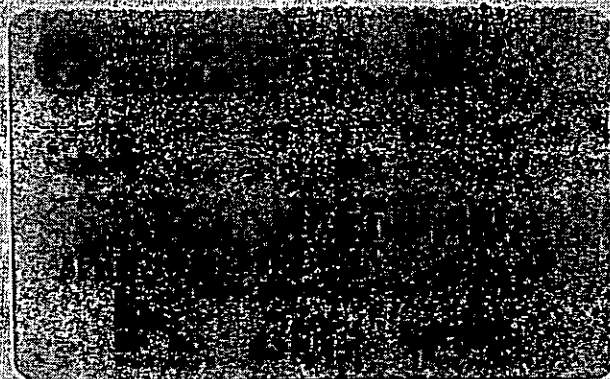
I certify that nothing has been removed from the original file before releasing copies of these records or the originals. The records I am releasing are the original records or exact duplicates of the original records and include each and every record contained in the file on the above named individual.

Penny Wright  
AFFIANT

Betty A. Duckworth  
WITNESS

8/21/03  
DATE





LESTER CHRISTOPHER W  
ATTY DR  
MR# H000261190 DOB 07/1  
ACCT# H02532414407 AGE 30 SEX M  
[Barcode]

500688.126.0019





500688.126.0020